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CURRENT CORRESPONDENCE ADDRESS (Note 4372 7590 ARENT FOX PLLC 1050 CONNECTICUT AVENUA	08/09/2007	O I P E	Fee par hav	e(s) Transmittal. Thi ers. Each additional re its own certificate	s certificate cannot be used paper, such as an assignme of mailing or transmission.	or domestic mailings of the for any other accompanying ent or formal drawing, must smission g deposited with the United st class mail in an envelope above, or being facsimile date indicated below.
SUITE 400 WASHINGTON, DC 20036		THE TRA	trai	nsmitted to the USP	ΓO (571) 273-2885, on the o	
W. 151111 (61 (1.), B & 2003 (TOTRA				(Depositor's name) (Signature)
						(Date)
APPLICATION NO. FILING	DATE		FIRST NAMED INVENTO	₹	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/584,049 06/22/			Kouji Saotome		101175-00073 8974	
TITLE OF INVENTION: ANGULAR VEI	LOCITY ME	ASURING DEVIC	CE AND LEG-MOVING			
APPLN. TYPE SMALL ENTIT	Y IS	SUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	E FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional NO		. \$1400	\$300	\$0 \$1700 11/09/2007 09/28/2007 SZEWDIE2 00000876 10584049		
EXAMINER		ART UNIT	CLASS-SUBCLASS	91 FC:1591 1489.00 OP 92 FC:1504 300.00 OP		
IP, SHIK LUEN PAUL		2837	318-568120			300.00 OP
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE PLEASE NOTE: Unless an assignee is recordation as set forth in 37 CFR 3.11. (A) NAME OF ASSIGNEE				patent. If an assign assignment.		document has been filed for
Honda Motor Co., Ltd.		,	ľokyo, Japan			
Please check the appropriate assignee categories				Individual 🖾 Co	orporation or other private gr	roup entity Government
4a. The following fee(s) are submitted: State State State Advance State State State Advance State State			4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) □ A check is enclosed. □ Payment by credit card. Form PTO-2038 is attached. □ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 01-2300 (enclose an extra copy of this form).			
5. Change in Entity Status (from status in a. Applicant claims SMALL ENTIT	Y status. See	37 CFR 1.27.	• •	-	LL ENTITY status. See 37 C	
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